No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 199

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31523
Registrar's No. 3769

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAK HOSPITAL #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 HOURS
In this community 8 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. MISSOURI 1301 E. Armour
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME RONNIE EARL WOODS
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased AUGIST 23 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			8	...hr. ...min.

9. Birthplace KANSAS CITY Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation INFANT
11. Industry or business

FATHER
12. Name LUTHER EARL WOODS
13. Birthplace GLASGOW CITY MISSOURI 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EVELYN CASON
15. Birthplace GLASGOW MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant LUTHER EARL WOODS
(b) Address 1301 E. ARMOUR
17. (a) Burial (b) Date thereof Sept 3 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director West, Aplton Jones
(b) Address K.C.
19. (a) 9-3-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 31
year 1947 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from AUGUST 29 1947, to AUGUST 31 1947
that I last saw him alive on AUGUST 31 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PEMPHIGUS NEONATORUM	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 161	
Major findings: Of operations	
Of autopsy SAME AS ABOVE	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature E. Joseph Ellis per ... M.D. (M.D. ~~or other~~)
Address 600 E. 22d Date signed 9/3/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2760

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.